

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

DAVID Y. IGE

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July 24, 2015

CERTIFIED MAIL, RETURN RECEIPT REQUESTED

Dan Driscoll, M.D. Member Hawaii Vision Surgical Suites, LLC 76 Kalanianaole Avenue Hilo, HI 96720

Dear Dr. Driscoll:

The State Health Planning and Development Agency has evaluated Hawaii Vision Surgical Suites, LLC's Certificate of Need application #15-09A for the establishment of an ambulatory surgery center limited to ophthalmologic procedures at TMK: 3-2-4-25-49 (Kukuau Street), Hilo, HI, at a capital cost of \$2,288,840.

Pursuant to Title 11, Chapter 186 of the Hawaii Administrative Rules (HAR), the Agency has determined that:

- (a) The proposal is eligible for administrative review as it meets one or more of the criteria in Subsection 11-186-99.1(b), HAR.
- (b) The applicant, Hawaii Vision Surgical Suites, LLC, has proven by a preponderance of the evidence that its proposal meets the Certificate of Need criteria in HAR 11-186-15.
- (c) There is no compelling public interest which will be served by requiring the application to go through the standard review process.

As required under Section 323D-43(b), Hawai`i Revised Statutes (HRS), the Agency finds that:

- 1. There is a public need for this proposal.
- 2. The cost of this proposal will not be unreasonable in light of the benefits it will provide and its impact on health care costs.

Accordingly, the State Health Planning and Development Agency hereby APPROVES and ISSUES a Certificate of Need to Hawaii Vision Surgical Suites, LLC for the proposal described in Certificate of Need application #15-09A. The maximum capital expenditure allowed under this approval is \$2,288,840.

#15-09A, Administrative Review Decision July 24, 2015 Page 2

Please be advised that pursuant to Section 323D-47, HRS, any person may, for good cause shown, request in writing a public hearing for reconsideration of the Agency's decision within ten working days from the date of this decision. Accordingly, if no person makes such a timely request for reconsideration, this decision shall become final immediately after the deadline for making such a request has expired.

C: OHCA

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Administrator